

A DOUBLE DOSE OF CPR FOR LACDMH?

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There are two CPRs I would like to tell you about. As many of you know, LACDMH has a unit under the Program Support Bureau of Deputy Director, Dennis Murata, known as Client Peer Relations (CPR). CPR is responsible for the highly successful three annual *Hope and Recovery* conferences in English, Spanish and Asian/Pacific Islander languages, respectfully. CPR is also responsible for training PADS (Peer Advocate Development Seminar) and PAL (Peer Advocate Leadership Council) participants. Ron Schraiber, M.A., a long-time activist and advocate in the mental health client movement for self-help and human rights, heads up CPR as its manager.

As the CPR brochure also states, “CPR was established as a change agent for recovery-focused services and to provide peer support to people with lived experiences of psychiatric disabilities who receive services from or work in the public mental health system of L.A. County. Founded as an advocacy group within DMH, the Office of Client-Peer Relations (CPR) is dedicated to the inclusion of mental health clients as valued members of our community, and of their peers who work in the system as valued members of our work force. As part of the Program Support Bureau, CPR carries the message of hope, wellness and recovery to all clients and staff of the Los Angeles County Department of Mental Health and, whenever possible, to the larger community that we serve.”¹

At the 25th annual *2011 Alternatives Conference* I recently attended in Orlando, Florida, I learned about another CPR known as Emotional CPR (eCPR). “The three components of eCPR, are: C = connecting, P = emPowering and R = revitalizing. eCPR was developed to address the vast and compelling need to teach both lay people and mental health providers how to assist individuals through an emotional crisis.”²

The following summary is a collaborative effort between me and Lauren Spiro, a lead eCPR trainer. Lauren works with Daniel Fisher, M.D., Ph.D., of the National Empowerment Center in Massachusetts. Dr. Fisher was once diagnosed with schizophrenia and was also hospitalized on several occasions. After he recovered, he became a ‘psychiatric survivor’ who went on to complete medical school and eventually became a board certified psychiatrist. Dr. Fisher was also at the *2011 Alternatives Conference* as speaker for the eCPR workshop and caucus. He believes eCPR should be taught internationally to anyone within the mental health system who is looking for a way to effectively help those individuals who are in crises.

Emotional crisis is a “universal experience” – it can happen to any one of our clients, at any time. “When a client is exposed to extraordinary circumstances, he or she develops creative

¹ http://dmh.lacounty.gov/wps/portal/dmh/!ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP0os3hXAwMDd3-3YCN3YzdHA09XF-MQvwATQ-cwA_2CbEdFAKm8WLO!/?WCM_PORTLET=PC_7_E000GOFs2G3FA0IED3TNP419J0022101_WCM&WCM_GLOBAL_CONTEXT=/wps/wcm/connect/dmh+content/dmh+site/home/our+services/our+services+detail/empowerment+and+advocacy+cpr

² Taken from my notes during the eCPR workshop at the 2011 Alternatives Conference. (Notes)

ways to protect themselves from real and/or perceived harm.”³ Through the use of eCPR, a client can better understand their unusual behavior that was brought on by an emotional crisis. Supporting people in resuming meaningful roles, relationships, and routines within the community is the goal of eCPR.

The approach is said to be “holistic, hopeful, and empowering.”⁴ It is a “heart-to-heart” experience between provider and client. It is embedded in a hopeful belief of the provider that by using their interior experience and knowledge, they can help a client recover from an emotional crisis. Rather than labeling someone with another ‘mental health problem’, the approach assumes that the person is coping with an experience beyond their current ability to effectively manage. The sooner an eCPR practitioner begins to support a person in their emotional crisis, the more likely it is that “the person will make a full and timely return to a life that has meaning and purpose for them.”⁵

Some clients respond to severe emotional distress by “retreating into ‘monologue;’ an isolated and disconnected emotional state.”⁶ In monologue, a person’s rational ability to think clearly gets interrupted, and their sense of self is submerged and no longer available for engaging in a dialogue with anyone else. “eCPR teaches support skills for the client to stay centered and provides a safe space for the client in crisis to express his or her strong emotions – all the while both persons are able to experience their own vulnerability.”⁷ In this way, eCPR practitioners assist a person to go from ‘monologue’ into dialogue with others.

The reestablishment of dialogue is accomplished through the three phases of eCPR:

1. **Connecting:** Begins with the eCPR practitioner being fully present for the client, listening with their full attention on an emotional level which creates an emotionally safe relationship, cultivates hope for the client, validates the client and communicates a sense of compassionate caring by the practitioner.
2. **Empowering:** Feeling that connection, the client in distress begins to experience their power and their ability to plan their next steps. This occurs when the assisting practitioner enters into a collaborative “power with” as opposed to “power over” relationship, which enables the connecting and empowering to be reciprocal.
3. **Revitalizing:** Experiencing connection and power and the ability to plan next steps, the client’s vital center becomes clearer, stronger and engaged. They are ready to re-establish or resume social roles, responsibilities and relationships.

“The heart is a ‘sense’ that the practitioner uses to detect the voice of another’s heart.”⁸ When we are tuned in to the sound of our own heart, it’s easier to make that “heart-to-heart” connection that is at the foundation of eCPR. Listening with the heart is a skill practitioner’s gain when they have learned to be present, in the moment. This is similar to “mindfulness training.”

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

eCPR teaches practitioners what to do if they encounter a client in emotional crisis. “It demystifies the process of supporting someone and it also teaches skills that enhance communication and better understanding in all relationships.”⁹

In the caucus, it was also stated by Dr. Daniel Fisher that paraprofessionals, such as Peer Advocates certified in eCPR can help clients recover from severe emotional distress and trauma. Thus, preventing the unnecessary use of costly hospital emergency rooms.

“When clients feel that they have a meaningful and valued place in the community, they are less likely to ‘act out’ and hurt themselves or others. Thus, eCPR helps build stronger and more resilient communities.”¹⁰

“The International Association of Chiefs of Police has recommended including eCPR in law enforcement training.”¹¹

I believe that the two CPRs – the Client Peer Relations (CPR) Unit and Emotional CPR (eCPR) – could complement each other well and improve outcomes for clients everywhere. Just like physical CPR can save the lives of people experiencing cardiac arrest, eCPR can also save lives of people in emotional crisis. eCPR not only can prevent costly and unnecessary hospitalizations, it can also provide hope and needed resources for clients’ integration into community life.

After what I experienced and heard at the eCPR workshop and caucus at the *2011 Alternatives Conference* (as one who has lived experience and is, in fact, a psychiatric survivor), and what I know of CPR, I think a double dose of CPR would go a long way to help clients feel better and put more of them on the road to recovery. Peer Advocates, Community Workers, and any other staff who has lived experience within a mental health setting could be the first line of defense for people in crisis as an eCPR practitioner.

For those interested in further information on eCPR, please go to: www.emotional-cpr.org.

In addition, for those interested in the “. . . groundbreaking real-time social media coverage featuring in-depth recaps of the premier national consumer conference”¹² that transpired at the 25th annual *2011 Alternatives Conference* in Orlando, Florida, please go to: <http://www.peersnet.org/alternatives2011>. The theme of this conference was *Creating Our Own Communities of Wellness and Recovery*.

⁹ Ibid.

¹⁰ Dr. Daniel Fisher speaking at the 2011 Alternatives Conference workshop.

¹¹ Ibid.

¹² Taken from Peers Envisioning and Engaging in Recovery Services (P.E.E.R.S) on their website <http://www.peersnet.org/alternatives2011>.